

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
Division of Financial Assistance
Underground Storage Tank Cleanup Fund
P.O. Box 944212
Sacramento, CA 94244-2120

UNDERGROUND STORAGE TANK CLEANUP FUND CLAIM APPLICATION

Claim No.:	
Date Received:	
Priority:	Region:
Deductible:	

SECTION 1 - CLAIMANT IDENTIFICATION

1. CLAIMANT IS FILING AS: <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR <input type="checkbox"/> UST OWNER & OPERATOR		2. BOARD OF EQUALIZATION NO.	
3. CLAIMANT NAME			
4. DOING BUSINESS AS (DBA) (IF APPLICABLE)			
5. MAILING ADDRESS			
6. CITY		7. STATE	8. ZIP CODE
9. IN CARE OF		10. ATTENTION	
11. CLAIMANT'S TELEPHONE NO.		12. CLAIMANT'S FAX NO.	
13. CLAIMANT'S E-MAIL ADDRESS			
14. CONTACT PERSON		15. CONTACT PERSON'S POSITION/TITLE	
16. CONTACT PERSON'S TELEPHONE NO.		17. CONTACT PERSON'S FAX NO.	
18. CONTACT PERSON'S E-MAIL ADDRESS			
19. CLAIMANT STATUS (CHECK ONE) CHECK LEGAL ENTITY TYPE AND ENTER 9 DIGIT TAXPAYER IDENTIFICATION NUMBER (TIN) BELOW: (SSN = SOCIAL SECURITY NUMBER; EIN = EMPLOYER IDENTIFICATION NUMBER)		ENTER THE SSN OR EIN THAT IS ASSIGNED TO THE LEGAL NAME OF THE CLAIMANT ENTERED ON LINE 3.	
<input type="checkbox"/> INDIVIDUAL _____ (INDIVIDUAL'S SSN)		<input type="checkbox"/> SOLE PROPRIETORSHIP _____ (OWNER'S SSN)	
<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GENERAL <input type="checkbox"/> LIMITED <input type="checkbox"/> LIMITED LIABILITY _____ (PARTNERSHIP'S EIN)		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT _____ (CORPORATION'S EIN)	
<input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION _____ (ENTITY'S EIN/OWNER'S SSN)		<input type="checkbox"/> TRUST <input type="checkbox"/> REVOCABLE <input type="checkbox"/> IRREVOCABLE _____ (TRUST'S EIN/GRANTOR'S SSN)	
<input type="checkbox"/> ESTATE _____ (ESTATE'S EIN)		<input type="checkbox"/> OTHER - PLEASE SPECIFY _____ (ENTITY'S EIN)	

NOTE: IF MORE THAN ONE JOINT CLAIMANT IS FILING THE CLAIM MAKE A COPY OF THE FOLLOWING SECTION BEFORE COMPLETING.

SECTION 2 - JOINT CLAIMANT

1. JOINT CLAIMANT IS FILING AS: ☐ UST OWNER ☐ UST OPERATOR ☐ UST OWNER & OPERATOR

2. JOINT CLAIMANT NAME

3. DOING BUSINESS AS (DBA)
(IF APPLICABLE)

4. MAILING ADDRESS

5. CITY

6. STATE

7. ZIP CODE

8. IN CARE OF

9. ATTENTION

10. JOINT CLAIMANT'S TELEPHONE NO.

11. JOINT CLAIMANT'S FAX NO.

12. JOINT CLAIMANT'S E-MAIL ADDRESS

13. CONTACT PERSON

14. CONTACT PERSON'S POSITION/TITLE

15. CONTACT PERSON'S TELEPHONE NO.

16. CONTACT PERSON'S FAX NO.

17. CONTACT PERSON'S E-MAIL ADDRESS

18. JOINT CLAIMANT STATUS (CHECK ONE)

CHECK LEGAL ENTITY TYPE AND ENTER 9 DIGIT TAXPAYER IDENTIFICATION NUMBER (TIN) BELOW: (SSN = SOCIAL SECURITY NUMBER; EIN = EMPLOYER IDENTIFICATION NUMBER)

ENTER THE SSN OR EIN THAT IS
ASSIGNED TO THE LEGAL NAME OF
THE JOINT CLAIMANT ENTERED ON
LINE 2.

☐ INDIVIDUAL _____ (INDIVIDUAL'S SSN)

☐ SOLE PROPRIETORSHIP _____ (OWNER'S SSN)

☐ PARTNERSHIP ☐ GENERAL _____
☐ LIMITED _____ (PARTNERSHIP'S EIN)
☐ LIMITED LIABILITY _____

☐ CORPORATION ☐ PROFIT _____
☐ NON-PROFIT _____ (CORPORATION'S EIN)

☐ LIMITED LIABILITY COMPANY ☐ SOLE PROPRIETORSHIP _____
☐ PARTNERSHIP _____ (ENTITY'S EIN/OWNER'S SSN)
☐ CORPORATION _____

☐ TRUST ☐ REVOCABLE _____
☐ IRREVOCABLE _____ (TRUST'S EIN/GRANTOR'S SSN)

☐ ESTATE _____ (ESTATE'S EIN)

☐ OTHER - PLEASE SPECIFY _____ (ENTITY'S EIN)

SECTION 3 - CO-PAYEE - A signed agreement must be attached.

1. CO-PAYEE NAME		
2. EFFECTIVE DATE OF AGREEMENT		
3. DOING BUSINESS AS (DBA) (IF APPLICABLE)		4. TAX IDENTIFICATION NO.
5. MAILING ADDRESS		6. CITY
7. STATE	8. ZIP CODE	9. TELEPHONE NO.
10. CONTACT PERSON		
11. CONTACT PERSON'S TELEPHONE NO.		12. CONTACT PERSON'S FAX NO.
13. CONTACT PERSON'S E-MAIL ADDRESS		

SECTION 4 - CONTAMINATED SITE INFORMATION (LOCATION OF LEAKING UST)

1. SITE NAME			
2. SITE ADDRESS		3. CITY	
4. ZIP	5. ASSESSOR'S PARCEL NO	6. COUNTY	7. COUNTY CODE
8. SITE TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FARM <input type="checkbox"/> OTHER: _____			
9. DESCRIPTION OF UST USE: <input type="checkbox"/> RESIDENTIAL MOTOR FUEL <input type="checkbox"/> RESIDENTIAL HEATING OIL <input type="checkbox"/> COMMERCIAL HEATING OIL <input type="checkbox"/> AGRICULTURAL MOTOR FUEL <input type="checkbox"/> RETAIL SALE <input type="checkbox"/> OTHER: _____			
10. DATE RELEASE DISCOVERED: _____	11. DATE REGULATORY AGENCY CONFIRMED RELEASE AND ISSUED FIRST CLEANUP DIRECTIVES: _____		12. DATE CORRECTIVE ACTION WAS INITIATED: _____
13. HAS CORRECTIVE ACTION BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE COMPLETED _____ IF YES, ATTACH A COPY OF CLOSURE LETTER ISSUED BY AGENCY.		14. DID THE RELEASE REQUIRE AN EMERGENCY RESPONSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN ON A SEPARATE SHEET.	
15. LIST ALL USTs THAT ARE THE SUBJECT OF THE CLAIM (USE ADDITIONAL SHEETS IF NECESSARY)			
CAPACITY	PRODUCT STORED	DATE UST INSTALLED	DATE UST REMOVED
			HAS THE UST BEEN REPLACED?
			UPGRADE CERTIFICATION
UST 1 _____	_____	_____	_____
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
UST 2 _____	_____	_____	_____
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
UST 3 _____	_____	_____	_____
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
UST 4 _____	_____	_____	_____
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
UST 5 _____	_____	_____	_____
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
16. HAVE ANY USTs THAT ARE NOT THE SUBJECT OF THIS CLAIM EVER BEEN LOCATED ON THE SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, LIST THE DATES OF OPERATION, CAPACITY, AND PRODUCT STORED FOR EACH UST ON A SEPARATE SHEET.			
17. WAS PETROLEUM PLACED IN ANY OF THE USTs ON OR AFTER JANUARY 1, 1991? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PROVIDE EVIDENCE OF UST STORAGE FEE PAYMENT TO THE BOARD OF EQUALIZATION.			

SECTION 4 - CONTAMINATED SITE INFORMATION (CONTINUED)

ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE:

1. DESCRIBE HOW THE CLAIMANT BECAME AWARE OF THE UST(S) THAT IS THE SUBJECT OF THIS CLAIM.

2. ARE THERE NOW OR HAVE THERE EVER BEEN ANY ABOVEGROUND STORAGE TANKS (ASTs) LOCATED ON THIS PROPERTY?

☐ YES ☐ NO

IF YES, LIST THE DATES OF OPERATION, CAPACITY, AND PRODUCT STORED. _____

3. ARE THERE NOW OR HAVE THERE EVER BEEN ANY SUMPS, SEPTIC TANKS, PITS, PONDS, LAGOONS, OIL/WATER SEPARATORS OR CLARIFIERS LOCATED ON THE PROPERTY? ☐ YES ☐ NO

IF YES, LIST THE DATES OF OPERATION. _____

4. ARE THERE NOW OR HAVE THERE EVER BEEN ANY CHEMICALS, PAINTS, PETROLEUM PRODUCTS OR PESTICIDES STORED OR USED ON THE PROPERTY? ☐ YES ☐ NO

IF YES, LIST THE PRODUCT AND METHOD STORED. _____

5. ARE THERE NOW OR HAVE THERE EVER BEEN ANY MAINTENANCE OR SHOP/SERVICE AREAS LOCATED ON THE PROPERTY?

☐ YES ☐ NO

IF YES, LIST THE DATES OF OPERATION. _____

6. ARE THERE NOW OR HAVE THERE EVER BEEN ANY ELEVATORS OR HYDRAULIC LIFTS LOCATED ON THE PROPERTY?

☐ YES ☐ NO

IF YES, LIST THE NUMBER OF ELEVATORS AND HYDRAULIC LIFTS AND THE DATES OF OPERATION.

7. HAVE THERE BEEN ANY PREVIOUS RELEASES AT THIS SITE?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN. _____

8. HAVE THERE EVER BEEN ANY NOTICES OF VIOLATION ISSUED FOR THE UST(s)?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN. _____

9. PROVIDE A BRIEF HISTORY OF ANY UPGRADES ASSOCIATED WITH THE UST(S) THAT IS THE SUBJECT OF THIS CLAIM.

SECTION 5 - UNAUTHORIZED RELEASE INFORMATION

PROVIDE A DESCRIPTION, IN CHRONOLOGIC ORDER, OF ALL ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE.

SECTION 6 - SITE MAP AND ENVIRONMENTAL ASSESSMENT INFORMATION

1. ☐ SITE MAP - ATTACH A SCALED SITE MAP WITH NUMBERED LOCATIONS OF ALL UST(S), FUEL DISPENSERS, PRODUCT LINES, VAPOR RECOVERY LINES, ETC., EVER USED AT THIS SITE. SHOW RELATION TO PROPERTY LINES AND STRUCTURES AND INCLUDE ALL OTHER POTENTIAL SOURCES OF CONTAMINATION SUCH AS AST(S), SUMPS, ETC. INDICATE SAMPLE LOCATIONS, INCLUDE A NORTH ARROW, AND SHOW THE DISTANCE RELATIVE TO THE NEAREST PUBLIC ROADS.
2. ☐ PROVIDE A COPY OF ALL AVAILABLE SITE ASSESSMENTS, INCLUDING ALL PHASE I (PRELIMINARY ASSESSMENT) REPORTS AND ALL PHASE II (SUPPLEMENTAL ASSESSMENT) REPORTS..

SECTION 7 - REGULATORY AGENCY

1. LOCAL UST PERMITTING AGENCY

2. REGIONAL WATER QUALITY CONTROL BOARD (REGIONAL WATER BOARD)

3. REGIONAL WATER BOARD CODE NO.

4. LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP ☐ REGIONAL WATER BOARD ☐ LOCAL AGENCY ☐ JOINT

5. LEAD AGENCY CONTACT PERSON

6. TELEPHONE NO.

7. HAS THE CLAIMANT/JOINT CLAIMANT EVER BEEN NAMED A RESPONSIBLE PARTY FOR THE RELEASE ASSOCIATED WITH THE SUBJECT CLAIM? ☐ YES ☐ NO

SECTION 8 - CLAIMANT'S SITE OWNERSHIP HISTORY

1. IF THE CLAIMANT (UST OWNER/UST OPERATOR) IS OR WAS ALSO THE PROPERTY OWNER, LIST THE DATE THE SITE WAS ACQUIRED:

DATE _____

(MM/YYYY)

DID THE CLAIMANT EVER PLACE PRODUCT INTO THE UST (S) THAT ARE THE SUBJECT OF THE CLAIM? ☐ YES ☐ NO

IF YES, LIST THE DATES THAT THE CLAIMANT PLACED PRODUCT INTO THE UST(S).

FROM _____ TO _____

2. IF THE SITE WAS ACQUIRED BY THE CLAIMANT AFTER JANUARY 1, 1984, IDENTIFY THE PERSON(S) FROM WHOM THE SITE WAS ACQUIRED.

NAME _____

ADDRESS _____

TELEPHONE NO. _____

3. IF THE CLAIMANT HAS SOLD THE SITE, LIST THE DATE OF SALE AND THE PARTY(IES) TO WHOM THE SITE WAS SOLD:

DATE _____

NAME _____

ADDRESS _____

TELEPHONE NO. _____

4. IF THE CLAIMANT IS FILING AS A UST OPERATOR, LIST THE DATES OF OPERATION.

FROM _____ TO _____

DID THE CLAIMANT EVER PLACE PRODUCT INTO THE UST(S) THAT ARE THE SUBJECT OF THE CLAIM? ☐ YES ☐ NO

IF YES, LIST THE DATES THAT THE CLAIMANT PLACED PRODUCT INTO THE UST(S).

FROM _____ TO _____

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 9 - SITE AND UST OWNERSHIP HISTORY			
1. PROVIDE A HISTORY OF ALL CURRENT AND PRIOR PROPERTY OWNERS, UST OWNERS, AND UST OPERATORS OF THIS SITE:			
TIME PERIOD	PROPERTY OWNER	UST OWNER	UST OPERATOR
FROM (MM/YYYY)	NAME	NAME	NAME
TO (MM/YYYY)	ADDRESS	ADDRESS	ADDRESS
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP

TIME PERIOD	PROPERTY OWNER	UST OWNER	UST OPERATOR
FROM (MM/YYYY)	NAME	NAME	NAME
TO (MM/YYYY)	ADDRESS	ADDRESS	ADDRESS
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP

TIME PERIOD	PROPERTY OWNER	UST OWNER	UST OPERATOR
FROM (MM/YYYY)	NAME	NAME	NAME
TO (MM/YYYY)	ADDRESS	ADDRESS	ADDRESS
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP

SECTION 10 - ESTIMATE OF COSTS AND PAYMENT

A.

1. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK: \$ _____
2. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE CURRENT WORK: \$ _____
3. ADDITIONAL ESTIMATED ELIGIBLE COSTS TO COMPLETE CORRECTIVE ACTION WORK: \$ _____
4. THIRD PARTY COMPENSATION COSTS (COURT AWARDED JUDGMENT MUST BE ATTACHED): \$ _____
- TOTAL:** \$ _____

B.

1. WHO HAS PAID THE ESTIMATED ELIGIBLE COSTS FOR WORK PERFORMED TO DATE?

SECTION 11 - PERMIT HISTORY

ELIGIBILITY FOR PLACEMENT ON THE PRIORITY LIST REQUIRES COMPLIANCE WITH THE PERMITTING REQUIREMENTS OF CHAPTER 6.7 (COMMENCING WITH SECTION 25280) OF THE HEALTH & SAFETY CODE (H&SC).
(SEE H&SC §§ 25299.57(d)(3) & 25299.58(b)(3).)

1. DATE THE CLAIMANT FIRST BECAME THE OWNER AND/OR OPERATOR OF THE UST(S) THAT IS THE SUBJECT OF THIS CLAIM:
(ATTACH ADDITIONAL SHEET IF NECESSARY.)

DATE _____

2. DATE THE CLAIMANT FIRST OBTAINED A PERMIT TO OWN OR OPERATE THE UST(S): (ATTACH ADDITIONAL SHEET IF NECESSARY.)

DATE _____

3. IS THE SUBJECT UST(S) OR RESIDENTIAL TANK(S) EXEMPT FROM THE UST PERMIT REQUIREMENTS CONTAINED IN H&SC, DIVISION 20, CHAPTER 6.7? ☐ YES (IF YES, CHECK THE APPROPRIATE BOX BELOW.) ☐ NO

☐ THE UST(S) WAS DECOMMISSIONED BEFORE JANUARY 1, 1984.

☐ THE TANK(S) IS A RESIDENTIAL HOME HEATING OIL TANK WITH A CAPACITY OF 1,100 GALLONS OR LESS.

4. HAVE THE REQUIRED UST(S) PERMITS BEEN RENEWED AND MAINTAINED CURRENT FROM THE DATE THAT THE CLAIMANT FIRST OBTAINED A PERMIT TO THE PRESENT TIME? ☐ YES ☐ NO

IF NO, PLEASE EXPLAIN WHY REQUIRED PERMITS WERE NOT MAINTAINED.

5. IF THE UST(S) WAS REMOVED, DID YOU OBTAIN A REMOVAL PERMIT OR REMOVE THE UST(S) UNDER REGULATORY GUIDANCE?

6. WAS THE UST(S) ONSITE AFTER DECEMBER 31, 1998? ☐ YES ☐ NO

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 12 - PRIORITY CLASS A - RESIDENTIAL ONLY				
<p>“RESIDENCE” MEANS A BUILDING THAT IS USED PRIMARILY FOR DWELLING PURPOSES. BUILDINGS EXCLUDED FROM THIS DEFINITION INCLUDE, BUT ARE NOT LIMITED TO, HOTELS, MOTELS, HOSPITALS, AND MILITARY BARRACKS.</p> <p>SEE INSTRUCTIONS FOR ADDITIONAL CRITERIA THAT MUST BE MET IN ORDER TO QUALIFY FOR PRIORITY CLASS A.</p> <p>1. CHECK ONE OF THE FOLLOWING BOXES TO INDICATE WHETHER THE TANK CONTAINS HOME HEATING OIL OR ANOTHER TYPE OF PETROLEUM.</p> <table><tr><td>A. <input type="checkbox"/> CHECK THIS BOX IF THE TANK CONTAINS HOME HEATING OIL AND MEETS ALL OF THE CRITERIA FOR PRIORITY CLASS A.</td><td><u>OR</u></td><td>B. <input type="checkbox"/> CHECK THIS BOX IF THE TANK CONTAINS A TYPE OF PETROLEUM, OTHER THAN HOME HEATING OIL, AND MEETS ALL OF THE CRITERIA FOR PRIORITY CLASS A.</td></tr></table>		A. <input type="checkbox"/> CHECK THIS BOX IF THE TANK CONTAINS HOME HEATING OIL AND MEETS ALL OF THE CRITERIA FOR PRIORITY CLASS A.	<u>OR</u>	B. <input type="checkbox"/> CHECK THIS BOX IF THE TANK CONTAINS A TYPE OF PETROLEUM, OTHER THAN HOME HEATING OIL, AND MEETS ALL OF THE CRITERIA FOR PRIORITY CLASS A.
A. <input type="checkbox"/> CHECK THIS BOX IF THE TANK CONTAINS HOME HEATING OIL AND MEETS ALL OF THE CRITERIA FOR PRIORITY CLASS A.	<u>OR</u>	B. <input type="checkbox"/> CHECK THIS BOX IF THE TANK CONTAINS A TYPE OF PETROLEUM, OTHER THAN HOME HEATING OIL, AND MEETS ALL OF THE CRITERIA FOR PRIORITY CLASS A.		
<p>2. <input type="checkbox"/> PROVIDE DOCUMENTATION TO DEMONSTRATE THAT THE PROPERTY IS RESIDENTIAL AND THAT THE CLAIM QUALIFIES FOR PRIORITY CLASS A (E.G., CURRENT PROPERTY TAX BILL).</p>				

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 13 - PRIORITY CLASS B - SMALL BUSINESS MANUFACTURER

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS MANUFACTURER. COMPLETE THE FOLLOWING INFORMATION.

2. BUSINESS NAME

3. BUSINESS ADDRESS

4. BUSINESS DESCRIPTION

5. DATES OF BUSINESS OPERATION FROM _____ TO _____

6. LIST ALL OF CLAIMANT'S AFFILIATIONS:
(SEE INSTRUCTIONS FOR DEFINITION OF AFFILIATION.)

<u>NAME OF AFFILIATED COMPANY</u>	<u>ADDRESS</u>	<u>TYPE OF BUSINESS (E.G., CORPORATION)</u>
_____	_____	_____
_____	_____	_____

7. ☐ CHECK THIS BOX IF YOU ARE SUBMITTING A SMALL BUSINESS CERTIFICATE FROM THE OFFICE OF SMALL BUSINESS CERTIFICATION TO DOCUMENT THE CLAIMANT'S SMALL BUSINESS CLASSIFICATION. **ATTACH CERTIFICATE.**

8. ☐ CHECK THIS BOX IF CLAIMANT IS A MANUFACTURING BUSINESS THAT, TOGETHER WITH ALL AFFILIATES, EMPLOYS 100 OR FEWER FULL AND PART-TIME EMPLOYEES.

TOTAL NUMBER OF FULL OR PART-TIME EMPLOYEES: _____ ***SUBMIT DOCUMENTATION SUPPORTING THE NUMBER OF EMPLOYEES INCLUDING ALL AFFILIATE COMPANIES LISTED ABOVE (E.G., DEPARTMENT OF EMPLOYMENT DEVELOPMENT PAYROLL REPORTS (DE6) FOR THE LAST FOUR QUARTERS).***

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 14 - PRIORITY CLASS B - SMALL BUSINESS NON-MANUFACTURER

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS NON-MANUFACTURER. COMPLETE THE FOLLOWING INFORMATION.

2. BUSINESS NAME

3. BUSINESS ADDRESS

4. BUSINESS DESCRIPTION

5. DATES OF BUSINESS OPERATION FROM _____ TO _____

6. IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? ☐ YES ☐ NO

7. IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? ☐ YES ☐ NO

8. LIST ALL OF CLAIMANT'S AFFILIATIONS:
(SEE INSTRUCTIONS FOR DEFINITION OF AFFILIATION.)

NAME OF AFFILIATED COMPANY

ADDRESS

TYPE OF BUSINESS (E.G., CORPORATION)

9. ☐ CHECK THIS BOX IF YOU ARE SUBMITTING A SMALL BUSINESS CERTIFICATE FROM THE OFFICE OF SMALL BUSINESS CERTIFICATION TO DOCUMENT THE CLAIMANT'S SMALL BUSINESS CLASSIFICATION. **ATTACH CERTIFICATE.**

10. ☐ CHECK THIS BOX IF THE CLAIMANT IS NOT A MANUFACTURER, IS AN INDEPENDENTLY OWNED AND OPERATED BUSINESS, IS NOT DOMINANT IN ITS FIELD OF OPERATION, AND, TOGETHER WITH ALL AFFILIATES, EMPLOYS 100 OR FEWER FULL OR PART-TIME EMPLOYEES AND HAS AVERAGE ANNUAL GROSS RECEIPTS OF TWELVE MILLION DOLLARS (\$12,000,000) OR LESS OVER THE PREVIOUS THREE YEARS.

TOTAL NUMBER OF FULL OR PART-TIME EMPLOYEES: _____ ***SUBMIT DOCUMENTATION SUPPORTING THE NUMBER OF EMPLOYEES INCLUDING ALL AFFILIATE COMPANIES LISTED ABOVE (E.G., DEPARTMENT OF EMPLOYMENT DEVELOPMENT PAYROLL REPORTS (DE6) FOR THE LAST FOUR QUARTERS).***

LIST THE PREVIOUS THREE YEARS AND THEIR RESPECTIVE ANNUAL GROSS RECEIPTS FOR THE CLAIMANT AND ALL AFFILIATES.

YEAR _____ \$ _____

YEAR _____ \$ _____

YEAR _____ \$ _____

AVERAGE ANNUAL GROSS RECEIPTS OVER THE PREVIOUS THREE YEARS: \$ _____

☐ SUBMIT SIGNED AND DATED COPIES OF YOUR COMPLETE FEDERAL TAX RETURNS FOR THE THREE YEARS INDICATED ABOVE AS SHOWN ON THE "REQUIRED FINANCIAL DOCUMENT SUBMISSION REQUIREMENTS FOR PRIORITY CLASS B." (SEE APPENDIX B.)

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 15 - PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITY.

2. CLAIMANT STATUS:

☐ CITY ☐ COUNTY ☐ DISTRICT

3. TOTAL ANNUAL REVENUES*

\$ _____

4. FISCAL YEAR ENDING

***NOTE:** "ANNUAL REVENUE" MEANS THE TOTAL ANNUAL GENERAL PURPOSE REVENUES, EXCLUDING ALL RESTRICTED REVENUES OVER WHICH THE GOVERNING AGENCY HAS NO DISCRETION, AS REPORTED IN THE ANNUAL REPORT OF FINANCIAL TRANSACTIONS SUBMITTED TO THE CONTROLLER, FOR THE LATEST FISCAL YEAR ENDING PRIOR TO THE DATE THE FUND CLAIM APPLICATION IS FILED. (SEE FUND REGULATIONS, § 2804.)

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 16 - PRIORITY CLASS B - NONPROFIT ORGANIZATIONS

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - NONPROFIT ORGANIZATION.

2. TOTAL ANNUAL REVENUES** \$ _____

3. FISCAL YEAR ENDING _____

****NOTE:** "NONPROFIT ORGANIZATION" MEANS AN ORGANIZATION INCORPORATED PURSUANT TO THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW (COMMENCING WITH SECTION 5110 OF THE CORPORATIONS CODE).

"ANNUAL REVENUE" MEANS THE TOTAL ANNUAL REVENUES AS SHOWN IN AN ANNUAL FISCAL REPORT FILED WITH THE REGISTRY OF CHARITABLE TRUSTS OR STATE AND FEDERAL TAX RECORDS, BASED ON THE LATEST FISCAL YEAR ENDING PRIOR TO THE DATE THE FUND CLAIM APPLICATION IS FILED.

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 17 - PRIORITY CLASS C - OTHER BUSINESS	
1. <input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - OTHER BUSINESS. COMPLETE THE FOLLOWING INFORMATION.	
2. BUSINESS NAME	
3. BUSINESS ADDRESS	
4. BUSINESS DESCRIPTION	
5. DATES OF BUSINESS OPERATIONS FROM _____ TO _____	6. TOTAL NO. OF EMPLOYEES (FULL AND PART-TIME) _____
7. IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 18 - PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITY.

2. CLAIMANT STATUS: ☐ CITY ☐ COUNTY ☐ LOCAL DISTRICT

3. TOTAL NO. OF EMPLOYEES (FULL AND PART-TIME): _____

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 19 - PRIORITY CLASS C - NONPROFIT ORGANIZATIONS

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - NONPROFIT ORGANIZATION.

2. TOTAL NO. OF EMPLOYEES (FULL AND PART-TIME): _____

NOTE: "NONPROFIT ORGANIZATION" MEANS AN ORGANIZATION INCORPORATED PURSUANT TO THE NONPROFIT PUBLIC BENEFIT CORPORATION LAW (COMMENCING WITH SECTION 5110 OF THE CORPORATIONS CODE).

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 20 - PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS

1. ☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS D - ALL OTHER UST OWNERS AND UST OPERATORS. NO FURTHER INFORMATION IS REQUIRED FOR THIS PRIORITY CLASS.

SECTION 21 - PRIORITY CLASS WORKSHEET				
1. PRIORITY CLASS OF CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2. PRIORITY CLASS OF JOINT CLAIMANT A (IF APPLICABLE)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF JOINT CLAIMANT A _____				
PRIORITY CLASS OF JOINT CLAIMANT B (IF APPLICABLE)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF JOINT CLAIMANT B _____				
3. PRIORITY CLASS OF UST OWNER AT TIME OF DISCOVERY OF RELEASE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OWNER _____				
PRIORITY CLASS OF UST OPERATOR AT TIME OF DISCOVERY OF RELEASE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OPERATOR _____				
4. PRIORITY CLASS OF UST OWNER AT TIME OF APPLICATION SUBMITTAL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OWNER _____				
PRIORITY CLASS OF UST OPERATOR AT TIME OF APPLICATION SUBMITTAL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OPERATOR _____				
FOR STATE USE ONLY				
PRIORITY CLASS FOR THIS CLAIM: _____				
NOTE: THE PRIORITY CLASS FOR THIS CLAIM WILL BE DETERMINED BY THE UST CLEANUP FUND.				

SECTION 22 - FINANCIAL RESPONSIBILITY

1. ☐ CHECK THIS BOX IF EXEMPT FROM FINANCIAL RESPONSIBILITY.

BASIS FOR EXEMPTION:

- ☐ RESIDENTIAL TANK(S) WITH CAPACITY OF 1,100 GALLONS OR LESS, STORING MOTOR FUEL NOT FOR RESALE
- ☐ TANK(S) FOR STORING HEATING OIL USED ONSITE
- ☐ ALL USTs OWNED OR OPERATED WERE REMOVED PRIOR TO COMPLIANCE DATE AND NOT REPLACED
- ☐ OTHER: _____

2. ☐ CHECK THIS BOX IF **REQUIRED** TO PROVIDE FINANCIAL RESPONSIBILITY. ATTACH A CURRENT COPY OF YOUR "CERTIFICATE OF FINANCIAL RESPONSIBILITY" FORM AND A COPY OF THE MECHANISM(S) IDENTIFIED BELOW.

3. COMPLIANCE DATE: ☐ JANUARY 24, 1989 ☐ OCTOBER 26, 1989 ☐ APRIL 26, 1991

☐ DECEMBER 31, 1993 ☐ FEBRUARY 18, 1994 ☐ DECEMBER 31, 1998

4. MECHANISM(S) USED FOR DEMONSTRATION OF FINANCIAL RESPONSIBILITY. IF USING THE FUND, INDICATE THE FINANCIAL RESPONSIBILITY MECHANISM FOR PROVIDING THE REQUIRED DEDUCTIBLE AND INCLUDE A COPY OF THE IDENTIFIED DOCUMENT.

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> TRUST FUND | <input type="checkbox"/> SURETY BOND | <input type="checkbox"/> GUARANTEE | <input type="checkbox"/> SELF-INSURANCE | <input type="checkbox"/> LETTER OF CREDIT |
| <input type="checkbox"/> INSURANCE COVERAGE | <input type="checkbox"/> RISK RETENTION GROUP | <input type="checkbox"/> STATE FUND | <input type="checkbox"/> CHIEF FINANCIAL OFFICER LETTER | <input type="checkbox"/> BOND RATING TEST (GOV'T AGENCY) |
| <input type="checkbox"/> FUND BALANCE | <input type="checkbox"/> WORKSHEET TEST | <input type="checkbox"/> GOVERNMENT GUARANTEE (GOV'T AGENCY) | <input type="checkbox"/> OTHER: _____ | |

NOTE: JOINT CLAIMANTS MUST ALSO COMPLETE THE FOLLOWING SECTION. MAKE ADDITIONAL COPIES IF NECESSARY. IF MULTIPLE CLAIMANTS ARE FILING INDICATE WHICH CLAIMANT IS COMPLETING THE FOLLOWING SECTION.

☐ CLAIMANT ☐ JOINT CLAIMANT: _____

SECTION 23 - NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION**INSURANCE**

A. IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE? ☐ YES ☐ NO

IF YES, LIST THE COMPANY NAME AND ADDRESS, THE POLICY NUMBER, AND THE CLAIM REPRESENTATIVE'S NAME AND TELEPHONE NUMBER FOR EACH POLICY. (ATTACH ADDITIONAL SHEETS, IF NECESSARY.)

COMPANY NAME

ADDRESS

REPRESENTATIVE NAME

TELEPHONE NUMBER

POLICY NUMBER

COMPANY NAME

ADDRESS

REPRESENTATIVE NAME

TELEPHONE NUMBER

POLICY NUMBER

COMPANY NAME

ADDRESS

REPRESENTATIVE NAME

TELEPHONE NUMBER

POLICY NUMBER

B. HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)? ☐ YES ☐ NO

IF YES, ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF YOUR LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY.

LITIGATION

A. HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY OR ANY OTHER FORM OF RELIEF FROM ANY OTHER PARTY POTENTIALLY RESPONSIBLE FOR THE UNAUTHORIZED RELEASE? ☐ YES ☐ NO

IF YES, IDENTIFY THE PARTY(IES) BELOW AND ITS NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE, IF ANY.

NAME

ADDRESS

TELEPHONE

REPRESENTATIVE

NAME

ADDRESS

TELEPHONE

REPRESENTATIVE

B. HAS LEGAL ACTION COMMENCED? ☐ YES ☐ NO

IF YES, PROVIDE THE CASE NUMBER AND COUNTY IN WHICH THE ACTION HAS BEEN FILED.

ATTACH A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT. CASE NO. _____ COUNTY _____

SECTION 23 - NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION (CONTINUED)

OTHER SOURCES OF COMPENSATION

A. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECIEVED FUNDS FROM ANY SOURCE (INCLUDING, BUT NOT LIMITED TO, INSURANCE CLAIMS, LEGAL JUDGMENTS, AND CONTRIBUTIONS FROM OTHER POTENTIALLY RESPONSIBLE PARTIES, OR ANY OTHER SOURCE REGARDLESS OF HOW THE FUNDS WERE CHARACTERIZED) THAT ARE RELATED TO OR PAID IN CONSIDERATION FOR THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF YOUR CLAIM? ☐ YES ☐ No

IF YES, ATTACH COPIES OF ALL SUCH DOCUMENTS, AND LIST EACH SOURCE OF FUNDS AND THE AMOUNT BELOW:

DATE	SOURCE	IN PAYMENT OF	AMOUNT
------	--------	---------------	--------

B. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE UNAUTHORIZED RELEASE BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION THAT IS THE SUBJECT OF THE CLAIM? ☐ YES ☐ NO

IF YES, SUBMIT DOCUMENTATION (SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER SUCH DOCUMENT) THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED.

C. ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED OR TO BE RECEIVED? ☐ YES ☐ NO

IF YES, ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAYED.

D. DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE FUNDS RELATED TO THE UNAUTHORIZED RELEASE AT ANYTIME IN THE FUTURE? ☐ YES ☐ NO

IF YES, EXPLAIN.

SECTION 24 - CLAIMANT CERTIFICATION

EACH CLAIMANT/JOINT CLAIMANT HEREBY CERTIFY THAT:

1. CLAIMANT IS THE OWNER OR OPERATOR OF A UST FROM WHICH THERE HAS BEEN AN UNAUTHORIZED RELEASE OF PETROLEUM FOR WHICH A CLAIM TO THE FUND IS PERMISSIBLE UNDER CHAPTER 6.75 OF DIVISION 20 OF THE CALIFORNIA HEALTH AND SAFETY CODE (H&SC) (HEREAFTER REFERRED TO AS CHAPTER 6.75.). CLAIMANT MEETS ALL ELIGIBILITY REQUIREMENTS CONTAINED IN CHAPTER 6.75 AND IS ENTITLED TO SUBMIT THIS CLAIM APPLICATION FOR REIMBURSEMENT FROM THE FUND.
2. ALL COSTS CLAIMED HEREIN WERE INCURRED AFTER JANUARY 1, 1988, ARE REASONABLE AND NECESSARY, AND ARE ELIGIBLE FOR REIMBURSEMENT.
3. CLAIMANT HAS OBTAINED ANY PERMITS REQUIRED BY CHAPTER 6.7 OF DIVISION 20 OF THE H&SC (HEREAFTER REFERRED TO AS CHAPTER 6.7) OR REQUESTED WAIVER OF THAT FUND ELIGIBILITY REQUIREMENT. CLAIMANT WILL CONTINUE TO COMPLY WITH THE PERMIT REQUIREMENTS OF CHAPTER 6.7.
4. CLAIMANT IS IN COMPLIANCE WITH ANY APPLICABLE FINANCIAL RESPONSIBILITY REQUIREMENTS CONTAINED IN THE PETROLEUM UNDERGROUND STORAGE TANK CLEANUP FUND REGULATIONS (CALIFORNIA CODE OF REGULATIONS, TITLE 23, DIVISION 3, CHAPTER 18, ARTICLE 3).
5. CLAIMANT HAS PAID ALL APPLICABLE STORAGE FEES, INTEREST, AND PENALTIES AS REQUIRED BY CHAPTER 6.75.
6. FOR COSTS CLAIMED AND THAT WERE INCURRED BEFORE DECEMBER 2, 1991, THE CORRECTIVE ACTION TAKEN BY CLAIMANT WAS
 - (A) IN ACCORDANCE WITH APPLICABLE PROVISIONS OF CHAPTER 6.7 OF THE H&SC, AND DIVISION 7 OF THE WATER CODE; AND
 - (B) CONSISTENT WITH ORAL OR WRITTEN ORDERS, DIRECTIVES, APPROVALS, OR NOTIFICATION OF CLEANUP RESPONSIBILITY BY THE LOCAL REGULATORY AGENCY OR REGIONAL WATER QUALITY CONTROL BOARD AND CONSISTENT WITH ANY APPLICABLE WASTE DISCHARGE REQUIREMENTS, AND STATE WATER QUALITY CONTROL POLICIES OR PLANS.
7. FOR COSTS CLAIMED AND THAT WERE INCURRED AFTER DECEMBER 2, 1991, THE CLAIMANT:
 - (A) IS IN COMPLIANCE WITH APPLICABLE CORRECTIVE ACTION REQUIREMENTS ESTABLISHED PURSUANT TO CHAPTER 6.7 AND IMPLEMENTING REGULATIONS;
 - (B) HAS NOTIFIED THE APPROPRIATE LOCAL REGULATORY AGENCY OR THE REGIONAL WATER QUALITY CONTROL BOARD OF THE RELEASE THAT IS THE SUBJECT OF THIS CLAIM AND HAS (HAVE) BEEN REQUIRED BY SUCH AGENCY TO PERFORM THE CORRECTIVE ACTION FOR WHICH REIMBURSEMENT IS SOUGHT; AND
 - (C) IS PERMITTED OR REQUIRED BY THE LOCAL REGULATORY AGENCY OR REGIONAL WATER QUALITY CONTROL BOARD TO UNDERTAKE CORRECTIVE ACTION PURSUANT TO ORAL OR WRITTEN ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY.
8. IF CLAIMANT WAS AWARE OF THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF THIS CLAIM PRIOR TO JANUARY 1, 1988, CLAIMANT INITIATED CORRECTIVE ACTION ON OR BEFORE JUNE 30, 1988.
9. CLAIMANT HAS DISCLOSED ANY KNOWN FACTS WHICH WOULD PRECLUDE ANY PARTY FROM WHOM THE SITE WAS ACQUIRED FROM BEING ELIGIBLE TO FILE A CLAIM FOR REIMBURSEMENT FROM THE FUND.
10. CLAIMANT FULLY UNDERSTANDS THAT THE STATE WATER BOARD, AT ITS OPTION, MAY REQUIRE THE TRANSFER AND ASSIGNMENT TO THE STATE OF CALIFORNIA OF ANY AND ALL RIGHTS WHICH THE CLAIMANT(S) MAY HAVE TO RECOVER CORRECTIVE ACTION COSTS FROM ANY PERSON RESPONSIBLE FOR THE UNAUTHORIZED RELEASE.
11. CLAIMANT UNDERSTANDS THAT THE CLAIMANT MUST RETAIN ALL RECORDS PERTAINING TO THIS CLAIM APPLICATION FOR A PERIOD OF AT LEAST THREE YEARS FROM THE DATE OF FINAL PAYMENT FROM THE FUND. THIS THREE-YEAR PERIOD WILL BE EXTENDED UNTIL COMPLETION OF ANY AUDIT IN PROGRESS. ALL SUCH RECORDS MUST BE MADE AVAILABLE TO THE STATE WATER BOARD OR ANY DESIGNATED REPRESENTATIVE THEREOF UPON REQUEST.
12. CLAIMANT UNDERSTANDS THAT ALL REIMBURSEMENTS MADE PURSUANT TO THIS CLAIM APPLICATION ARE SUBJECT TO AUDIT BY THE STATE WATER BOARD OR ANY REPRESENTATIVE THEREOF. CLAIMANT(S) WILL REIMBURSE THE FUND FOR ANY COSTS DISALLOWED PURSUANT TO SUCH AN AUDIT.

SECTION 25 - CLAIMANT VERIFICATION AND SIGNATURE

AS THE UNDERSIGNED CLAIMANT(S) TO THE UST CLEANUP FUND, I (WE) HEREBY DECLARE UNDER PENALTY OF PERJURY THAT ALL FACTS AND STATEMENTS SET FORTH AS PART OF THIS CLAIM APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF.

EXECUTED AT _____

ON THIS _____ DAY OF _____ 20_____

CLAIMANT SIGNATURE

CLAIMANT PRINTED NAME

TITLE

JOINT CLAIMANT SIGNATURE

JOINT CLAIMANT PRINTED NAME

TITLE